PMH4

CLINICAL, HUMANISTIC, AND ECONOMIC OUTCOMES ASSOCIATED WITH LONG-TERM TREATMENT OF MANIA WITH OLANZAPINE

Namjoshi M, Edgell ET, Feldman PD, Sanger TM, Tohen MF, Breier A
Lilly Research Laboratories, Eli Lilly and Co., Indianapolis, IN, USA

OBJECTIVE: To determine the clinical, humanistic, and economic outcomes associated with olanzapine in the treatment of mania. **METHODS:** Patients with Bipolar I Disorder and a confirmed diagnosis of mania were randomized to either olanzapine (5–20mg) or placebo for 3 weeks. The acute phase was followed by a 49-week open label extension phase in which all patients were treated with olanzapine. The Young Mania Rating Scale (Y-MRS) and the Medical Outcomes Study Short Form 36 (SF-36) were used to assess changes in clinical and humanistic outcomes, respectively. Health care resource use data was collected and corresponding costs calculated for the extension. **RESULTS:** During the acute phase, the olanzapine treatment group experienced a statistically significant ($P = 0.02$) mean improvement from baseline in the YMRS total score compared to placebo. Olanzapine-treated patients also experienced a statistically significant ($P < .001$) mean improvement in clinical symptoms over the extension. Health-related quality of life improvements were seen in several dimensions both in the 3-week acute phase and the extension. Statistically significant differences in the SF-36 dimensions of bodily pain ($P < .001$), general health ($P = .009$), role emotional ($P = .03$), and social functioning ($P = .004$) were seen in the extension. In the 52 weeks prior to the study, patients spent an average of 4.1% of their time hospitalized compared with only 1.3% of their time during the extension. This reduction led to a mean total cost savings of almost $900 per month during the extension compared with the 52 weeks prior to the study. **CONCLUSION:** Olanzapine had a positive impact on the clinical, humanistic, and economic outcomes in patients with mania, and may be a cost-effective treatment option in this population.

PMH5

IMPACT OF AMISULPRIDE ON HEALTH CARE RESOURCES IN SCHIZOPHRENIA: PRELIMINARY RESULTS OF A FRENCH STUDY

Levy E[1], Olie JP[2], Spiesser J[3]
[1]University Paris-Dauphine, Paris, France; [2]Sainte Anne Hospital, Paris, France; [3]Health Economics and Outcomes Research Department, Sanofi-Synthelabo Corporate, Bagneux, France

OBJECTIVES: Describe reasons for and economic consequences of a switch from various antipsychotics to amisulpride in 150 schizophrenic patients. **METHOD:** Multicentre in a "real life" setting study over a 2-year period (Switch = D0; ± 365 days). Data are collected from hospital records of patients switched from various antipsychotics to amisulpride between January 1997, and February 1999. Change in hospitalization is analyzed using 2 hypothesis, partition at D0, and partition at W6 (hospitalizations during the first 6 weeks of amisulpride are attributed to failure of previous treatment and results adjusted to one year). **RESULTS:** Socio-demographic characteristics observed on the first 25 files suggest that the population of the study does not differ from the general schizophrenic population. Previous treatment (76% classical antipsychotic, 12% atypical antipsychotic) was stopped at D0. The reasons for the switch are lack of efficacy (64%) and side effects (36%). Results show a decrease in hospitalization after the switch. Partition at D0: −12 days for full time hospitalization, −38 for part time hospitalization, −23 for part time night. Partition at W6: respectively −38, −44 and −23 days. The maximum of days hospitalized decreases after the switch from 338 to 187 for full time hospitalization, 365 to 208 for part time day and from 62 to 31 for part time night. Outpatients are more regularly followed after the switch:+4 visits for patients followed in community, +3 visits for patients hospitalized at least one time. Initiated dose of amisulpride remains the same after one year. **CONCLUSION:** Preliminary results show a trend for a decrease in hospitalization and an increase in outpatient visits. If this is confirmed, it would mean that amisulpride is able to cut the major cost of this disease and to improve the follow-up of schizophrenic patients in community.

PMH6

ANTIPSYCHOTIC TREATMENT, ADVERSE EVENTS AND HEALTH-RELATED QUALITY OF LIFE

Badia X[1], Casado A[1], Sacristán JA[2], Gómez JC[2], Gregor KJ[3], Gavart S[3] and the EFESO Study Group
[1]Public Health Institute of Catalonia, Barcelona, Spain; [2]Clinical Research Department, Lilly S.A., Madrid, Spain; [3]Eli Lilly and Company, Erl Wood, UK

OBJECTIVE: Investigate the relationship between adverse events and health-related quality of life (HRQoL) in patients receiving antipsychotics for schizophrenia. **METHODS:** The analyses included a subset of patients from a large 6-month, prospective, observational study of outpatients receiving antipsychotics for schizophrenia. The analyses included the most commonly (>1%) recorded adverse events. The HRQoL was evaluated using the EQ-5D Index (EQ-I) and Visual Analog Scale (VAS). **RESULTS:** The analyses included 2,128 olanzapine, 417 risperidone, and 112 haloperidol treated patients. The most common (>1%) adverse events were: tremor, hypokinesia/akinesia, rigidity, akathesia, dystonia, dyskinesia, weight gain, and somnolence. Compared to olanzapine-treated patients, haloperidol-treated patients had significantly higher incidences for 5 of the extrapyramidal symptoms and risperidone-treated patients had significantly higher incidences for 4 of the extrapyramidal symptoms. Risperidone and haloperidol treated patients were signifi-